

Name
in
Full

Berry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|------------------|---|-----------------|---------------------|------------|------|
| Died at | Winchester | Town | County | MARYLAND | | |
| Date of death | 1907 | Month | Day | Years | Months | Days |
| Sex | Male | Color or Race | Colored | Birth-place | Winchester | |
| Occupation | None | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | ~ | Father's Birthplace | divorced | |
| Father's Name | Wm Riteson Berry | Mother's Maiden Name | Sarah A Johnson | Mother's Birthplace | divorced | |
| Name of person giving information | Sarah A Johnson | How related to deceased | | | | |
| CAUSES OF DEATH | | | | | | |
| Primary | Still Born | How long | | | | |
| Immediate | — | How long | | | | |

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

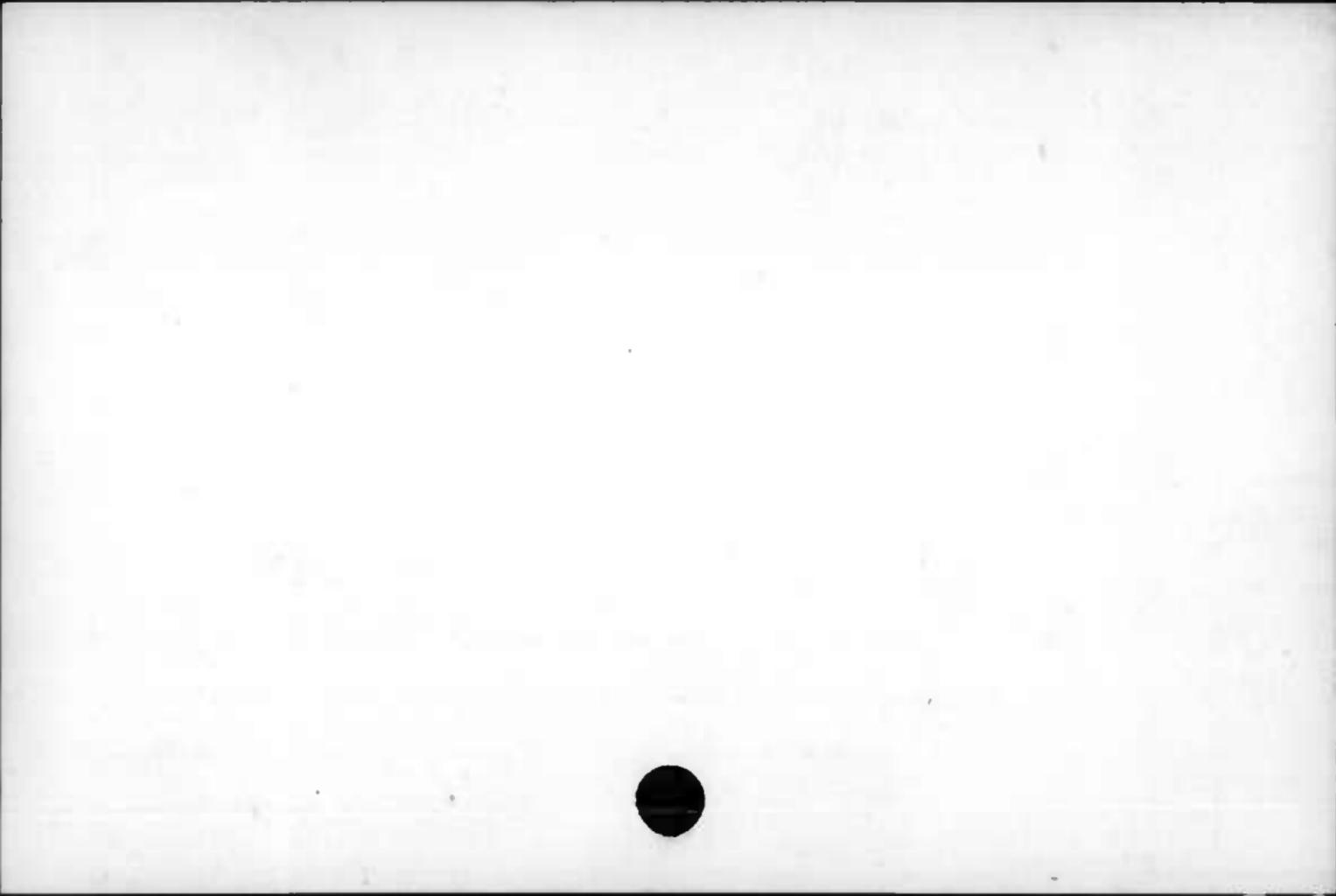
yes

Signature of Physician

Address

J. Makay SR
Queens town Md

Accident or Suicide?



Name
in
Full

John Briarley

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

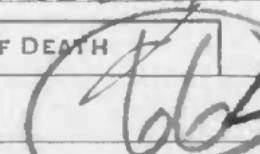
Town County
Died New Roberts Queen Anne MARYLAND
Date of death 1907 Month Jan Day 31 Years 75- Months 1 Days 7
Sex Male Color or Race white Birth-place England
Occupation Farmer Where Residing if not at place of death At place of death
Married, Single or Widowed Married Name of Wife or Husband Martha E. Shaw.
Father's Name Benjamin Briarley Father's Birthplace England
Mother's Maiden Name Hannah Byfrost Mother's Birthplace England
Name of person giving information Martha E. Briarley How related to deceased wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis



Husband

1 wk.

Immediate

General Asthma

2 days.

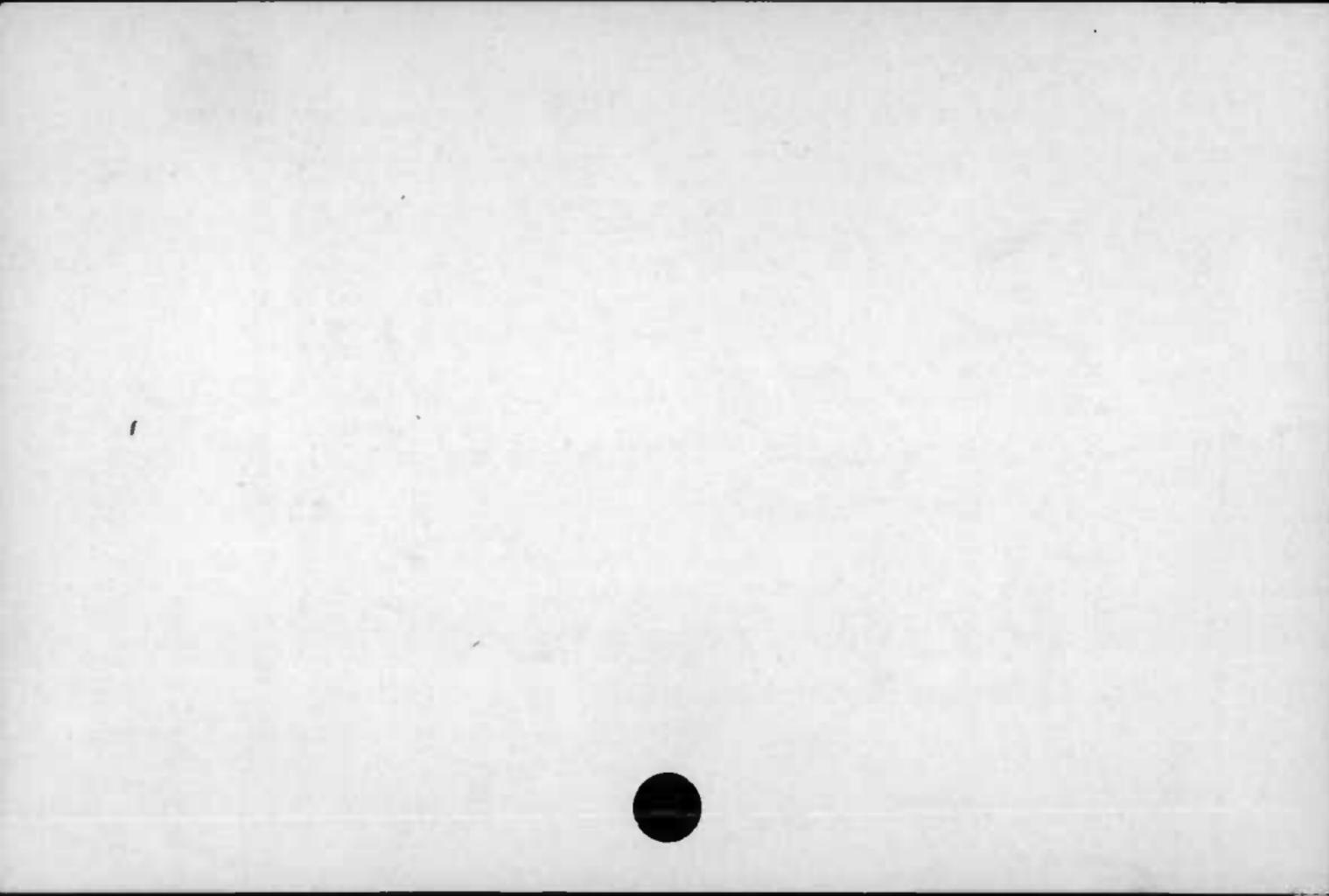
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. L. Cappage
Church Hill
Ind.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Carroll Lee Cole
Town
Died near Church Hill Queen Anne's County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1907 Month Jan Day 23 Age _____ Months 7 Days 23
Sex Male Color or Race White Birthplace Md Co Md

Occupation

Where Residing if not
at place of death

Married Single or Widowed

Single

Name of Wife or Husband

Father's Name

Renken F Cole

Father's Birthplace

Ind

Mother's Maiden Name

Norris F McFerney

Mother's Birthplace

Ind

Name of person giving information

Renken F Cole

How related to deceased

Father

CAUSES OF DEATH

Primary

Injury to head (internal)

How long

4 days

Immediate

Convulsions a result of fall upon the head.

How long

20 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

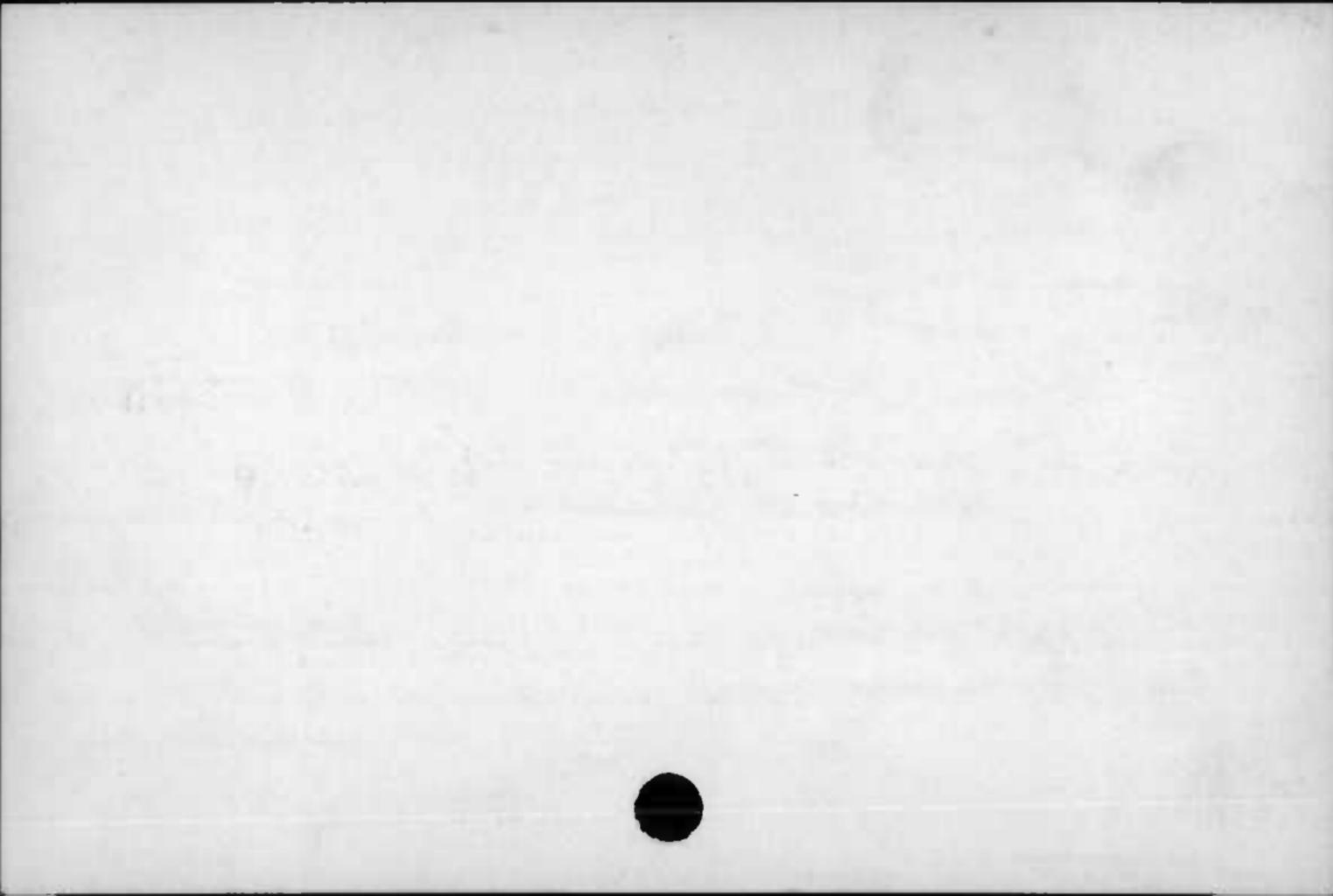
Signature of Physician

H. G. Copeage

Address

Church Hill Ind.

Fall from toy express wagon.
Accident



Name
in
Full

Mrs. Sallie C. Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--|--|---------------|----------------|-----------------|
| Town | Queen Anne | County | MARYLAND | | |
| Died <u>near Dogeside</u> | Month <u>Jan</u> | Day <u>29</u> | Age <u>35</u> | Years <u>—</u> | Months <u>—</u> |
| Date of death <u>1907</u> | Color or Race <u>Black</u> | Birthplace <u>Quinton C.</u> | | | |
| Sex <u>Female</u> | Where Residing if not at place of death <u>Up place of death</u> | Father's Name <u>J. A. Collier</u> | | | |
| Occupation <u>Housework</u> | Name of Wife or Husband <u>Mrs. Collier</u> | Mother's Birthplace <u>Quinton</u> | | | |
| Married, Single or Widow <u>Widow</u> | Father's Maiden Name <u>John Adams</u> | Mother's Maiden Name <u>John Brown</u> | | | |
| Name of person giving information <u>James S. Queen</u> | How related to deceased <u>Sister-in-law</u> | | | | |

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Pectenitis

(16)

How long

3 weeks.

Immediate

Exsanguination

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

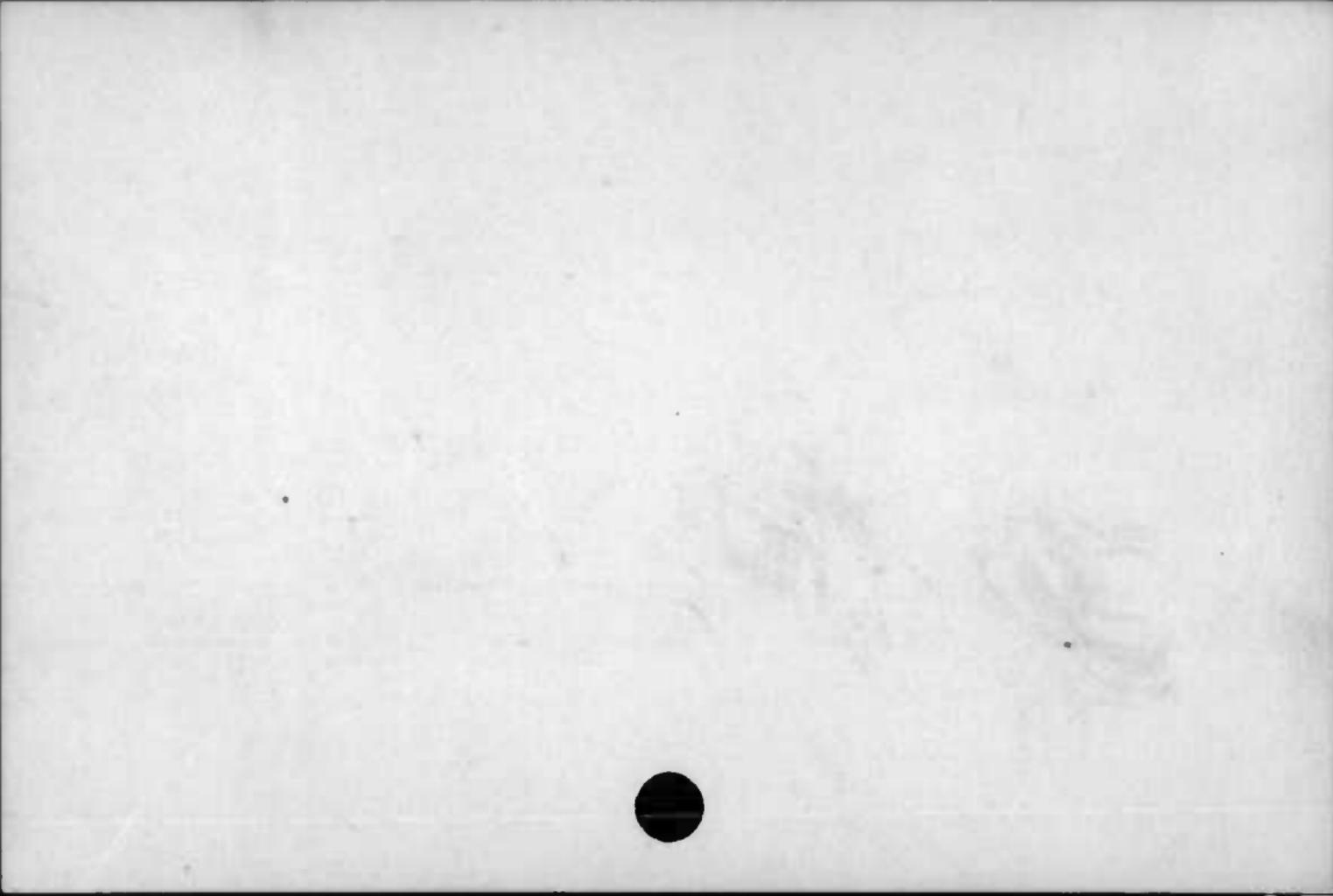
Yes

Signature of Physician

Address

Dr. G. Appage
Church Stile
Ind.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gertrude Lurlett

Town

County

MARYLAND

Died at Fords Store

Queen Anne

Month

Day

Years

Months

Days

Date of death 1907 Jany 30

Age 2

5-

10

Sex Female

Color or Race

white

Birth-place

D. G. Lurlett

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name

John G. Lurlett

Father's Birthplace

D. G. Lurlett

Mother's Maiden Name

Minnie E. Chesser

Mother's Birthplace

D. G. Lurlett

Name of person giving
Information

Minnie E. Chesser

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia & whooping cough

How long

3 weeks

Immediate

Convulsions

How long

5 days

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

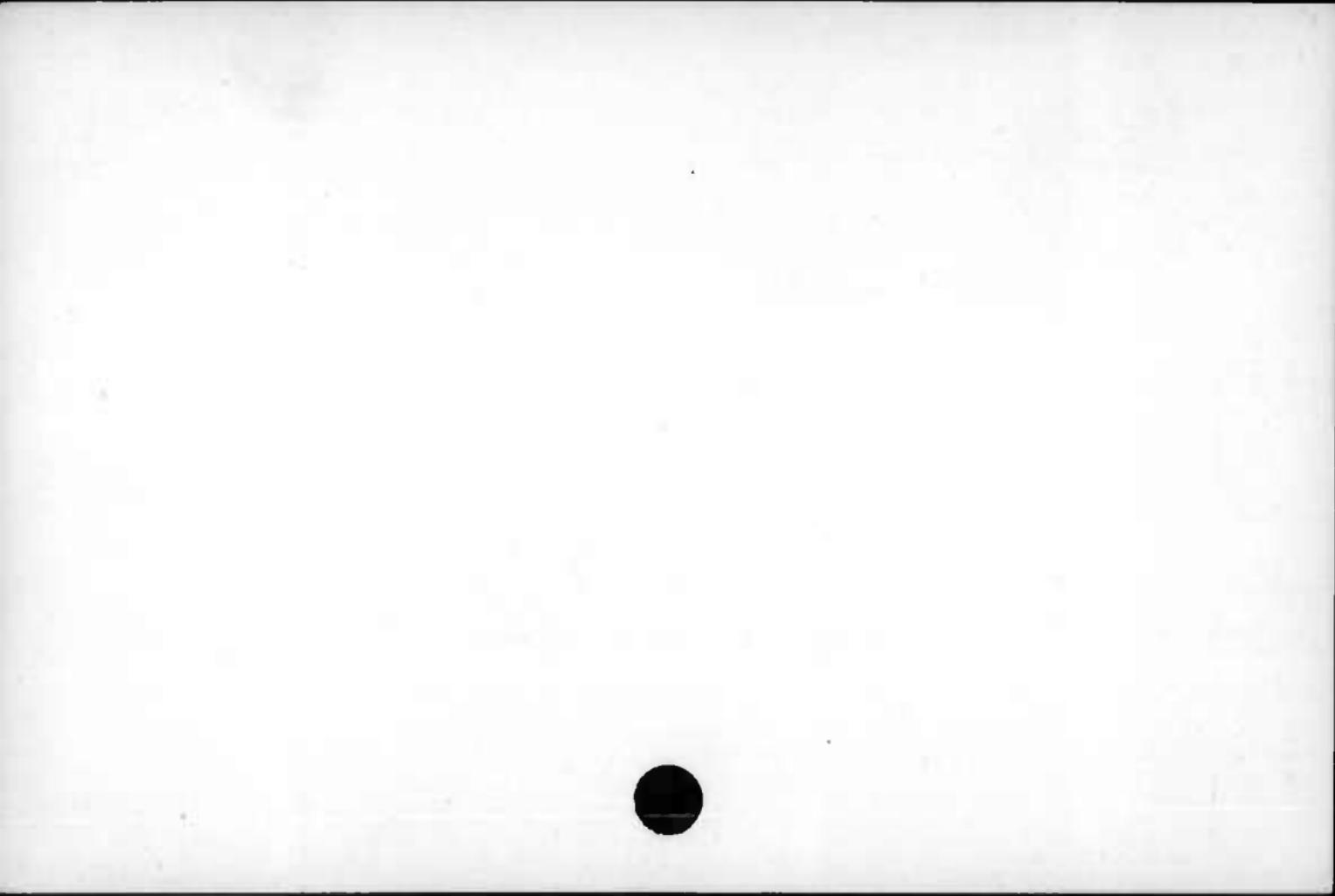
Wm. G. Henry

Address

Stevensville,
Md

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | | | |
|-----------------------------------|---|-------------------|-------------|-------------|-------------|-------------------------|-------------|
| Died at | Town | County | MARYLAND | | | | |
| Date of death 190 | Month | Day | Age | Years | Months Days | | |
| Sex | Color or Race | Black | Birth-place | Centreville | | | |
| Occupation | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | at place of death | | | | | |
| Father's Name | George Roberts | | | | | Father's Birthplace | Centreville |
| Mother's Maiden Name | Frances Roberts | | | | | Mother's Birthplace | " |
| Name of person giving information | Thomas Denby | | | | | How related to deceased | Son |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease

(50)

years

Immediate

Heart Failure

(50)

months

Are the name, age, sex, color, date and place correctly given above?

yes

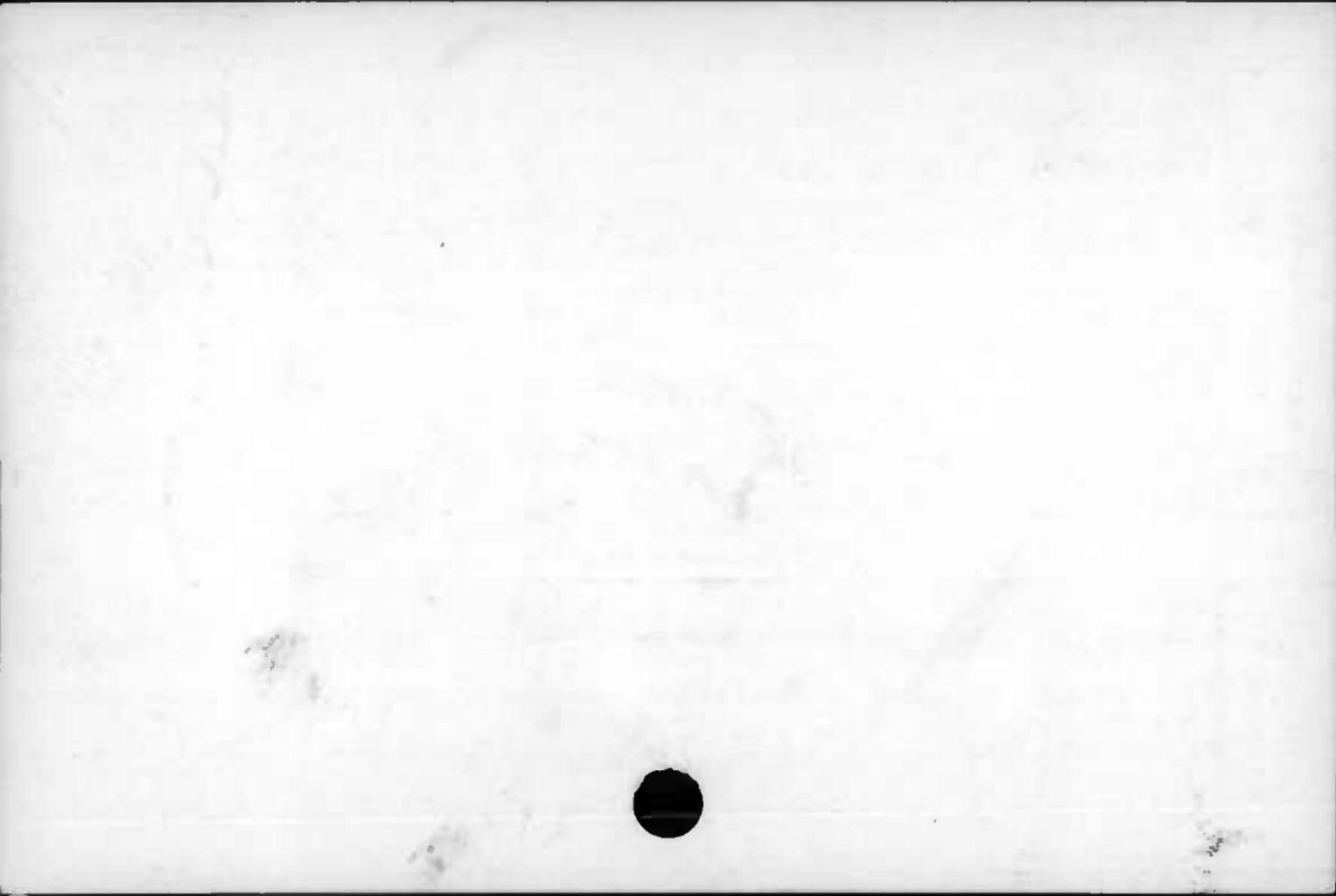
Signature of Physician

Address

Mrs. Grace
Beulah J.
Queen Anne Rd

Accident or Suicide?

no



Name
in
Full

Wm D Fountain

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|---------|-------------|-------------------------|----------|
| Town | County | | | | |
| Died at | Sherman | Oakland | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1907 | Jan | 11 | 4 | — | — |
| Sex | Color or Race | Age | Birth-place | Maryland | |
| Male | Black | 4 | Bethel | | |
| Occupation | Where Residing if not at place of death | | | | |
| None | a place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Single | | | | | |
| Father's Name | Wm D. Fountain | | | Father's Birthplace | Plyla |
| Mother's Maiden Name | Mary Sawyer | | | Mother's Birthplace | Oakville |
| Name of person giving information | Mary Sawyer | | | How related to deceased | Mother |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Died of pneumonia
other cause of death

Holding

Don't know

Immediate

Worm fever

How long

Don't know

Are the name, age, sex, color, date and place correctly given above?

Yes

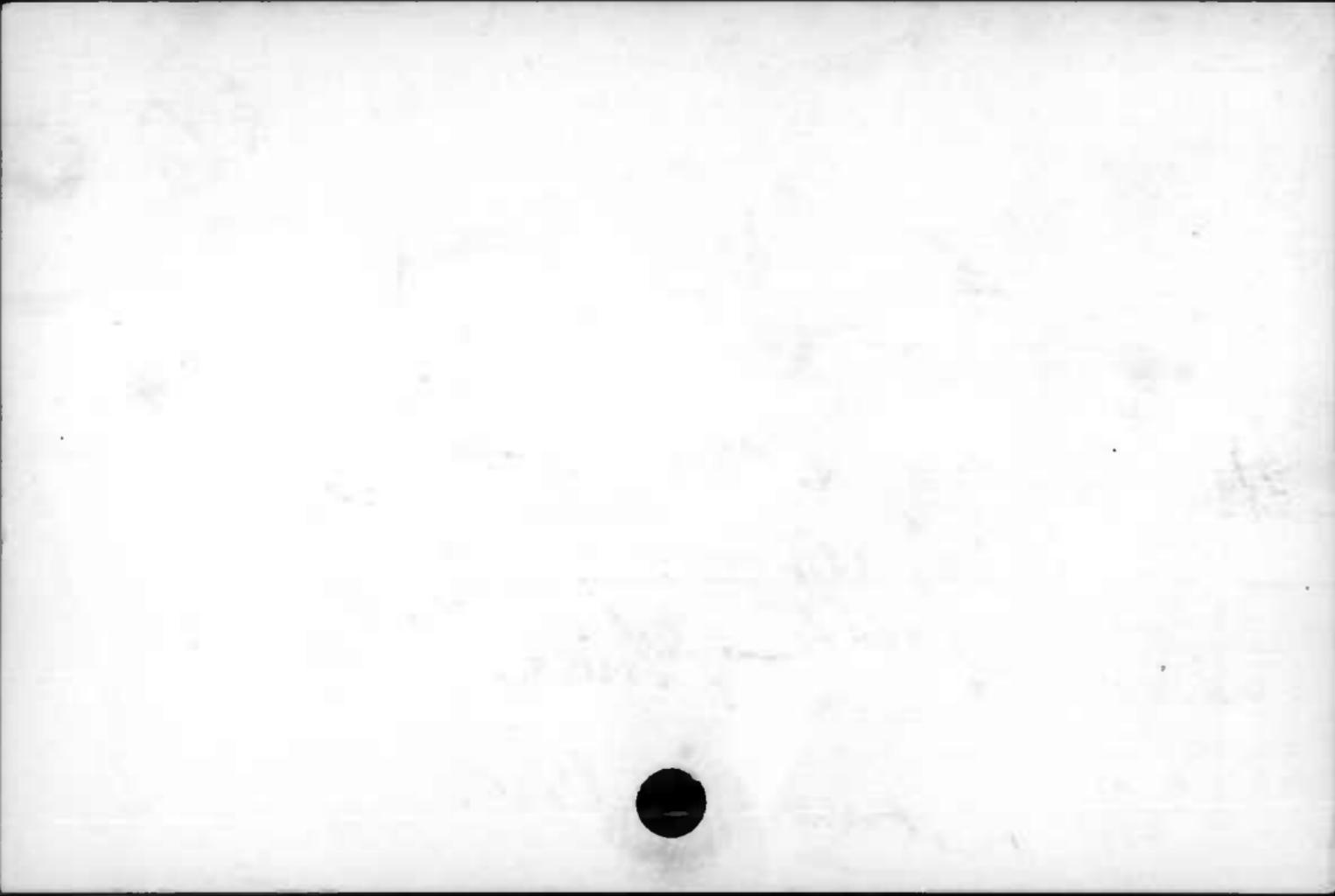
Signature of Physician

Address

Dr. Tracy
Oakwood

Accident or Suicide?

No



Name
in
Full

Elizabeth Grant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|--|---------------|----------|-------------|------------|
| Died at | Town | County | MARYLAND | | |
| Ralphs | Queen Anne | | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1907 | 1 | 22 | 58 | 3 | |
| Sex | Female | Color or Race | Colored | Birth-place | Gloucester |
| Occupation | Where Residing if not at place of death | | | | |
| Housewife | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Samuel Grant | | | |
| Married | Samuel Goldsboro | | | | |
| Father's Name | Md | | | | |
| Wm Goldsboro | | | | | |
| Mother's Maiden Name | Mother's Birthplace | | | | |
| Wm Brown | — | | | | |
| Name of person giving information | How related to deceased | | | | |
| Husband | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

acute Mephinitis

How long

2 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

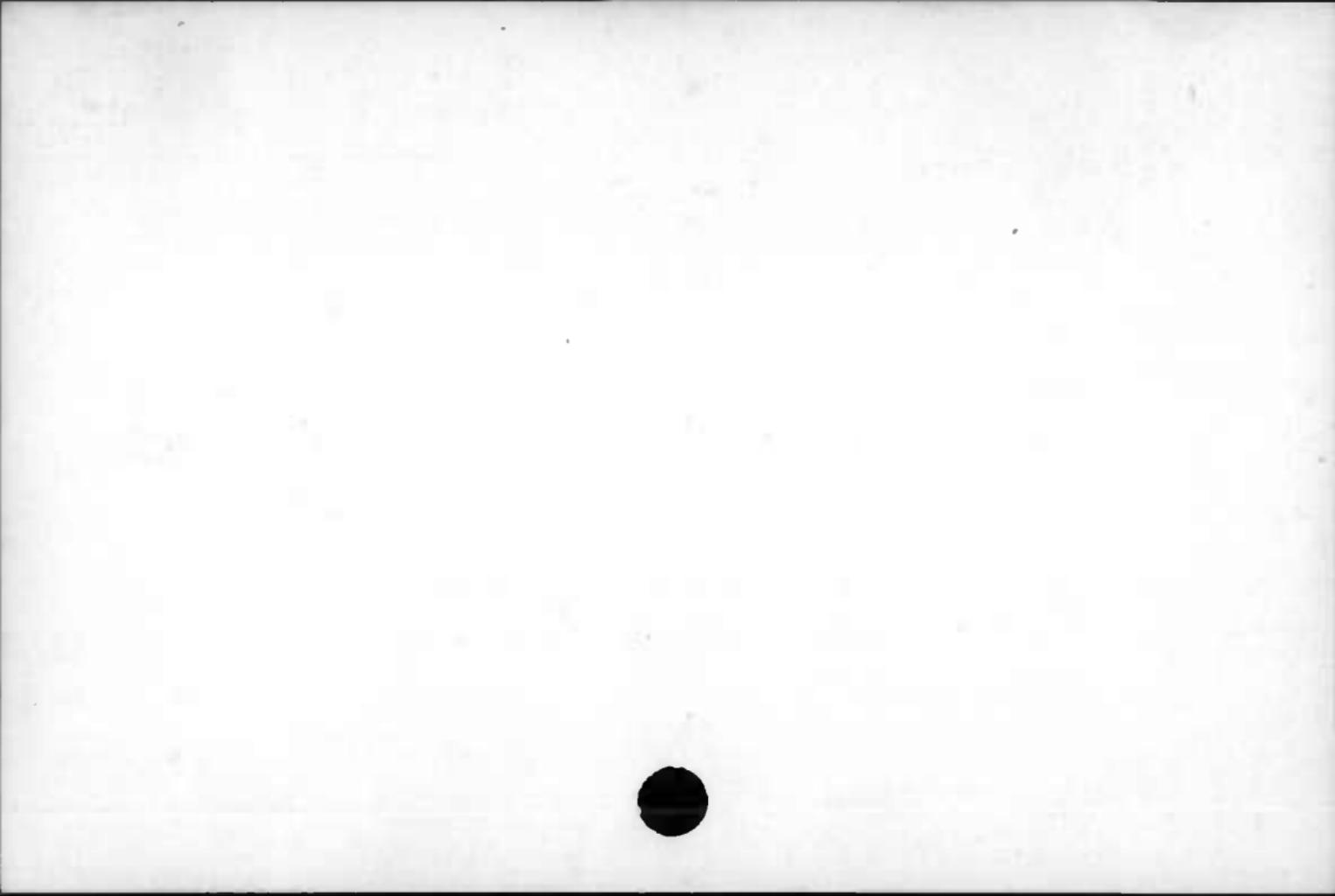
D.N.S. Dudley

Address

Church Hill, Md

Accident or Suicide?

no



Name
in
Full

Charles Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|---|-----------------------------|--------------------------|-------|----------|------|
| Died at Pondtown | | Town | County Queen Anne | | MARYLAND | |
| Date of death 1907 | Month January | Day 2nd | Age | Years | Months | Days |
| Sex Boy | Color or Race Colored | Birth-place Pondtown | | | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Single | Name of Wife or Husband | | | | | |
| Father's Name Charles H. Hines | Father's Birthplace Sudlersville | | | | | |
| Mother's Maiden Name Augusta Elliott | Mother's Birthplace Pondtown | | | | | |
| Name of person giving information Charles H. Hines | How related to deceased Father | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Pneumonia**

93

How long **2 days**

Immediate **Prostration**

How long **4 hours**

Are the name, age, sex, color, date and place correctly given above?

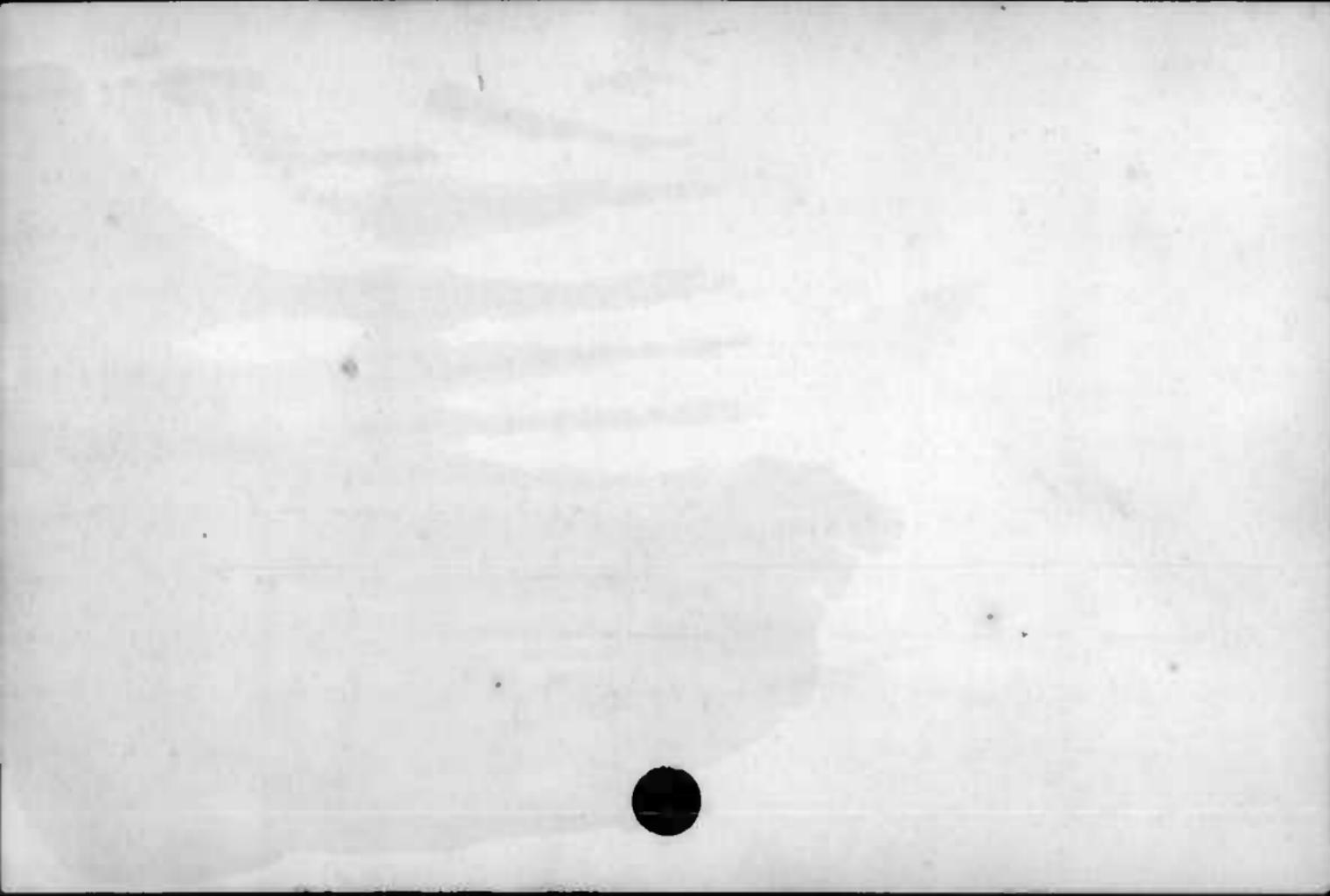
Signature of Physician

they are

Address

**S. B. Dudley
Church Hill
Queen Anne Co. Md**

Accident or Suicide?



Name
in
Full

Herman Gralad

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-------------------------|--------|-------------|-------------------------|
| Died at | Town | Boomers Welt | County | Suva Hando | MARYLAND |
| Date of death | Month | 1907 May | Day | 10 | Years 3 Months 7 Days |
| Sex | Color or Race | Male | white | Birth-place | Judicatoca |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | |
| Father's Name | James J. Gralad | | | | Father's Birthplace |
| Mother's Maiden Name | Miss Jessie Porter | | | | Mother's Birthplace |
| Name of person giving information | Joseph E Blunt | | | | How related to deceased |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(93)

How long

7 days

Immediate

Exhaustion

4 hours

Are the name, age, sex, color, date and place correctly given above?

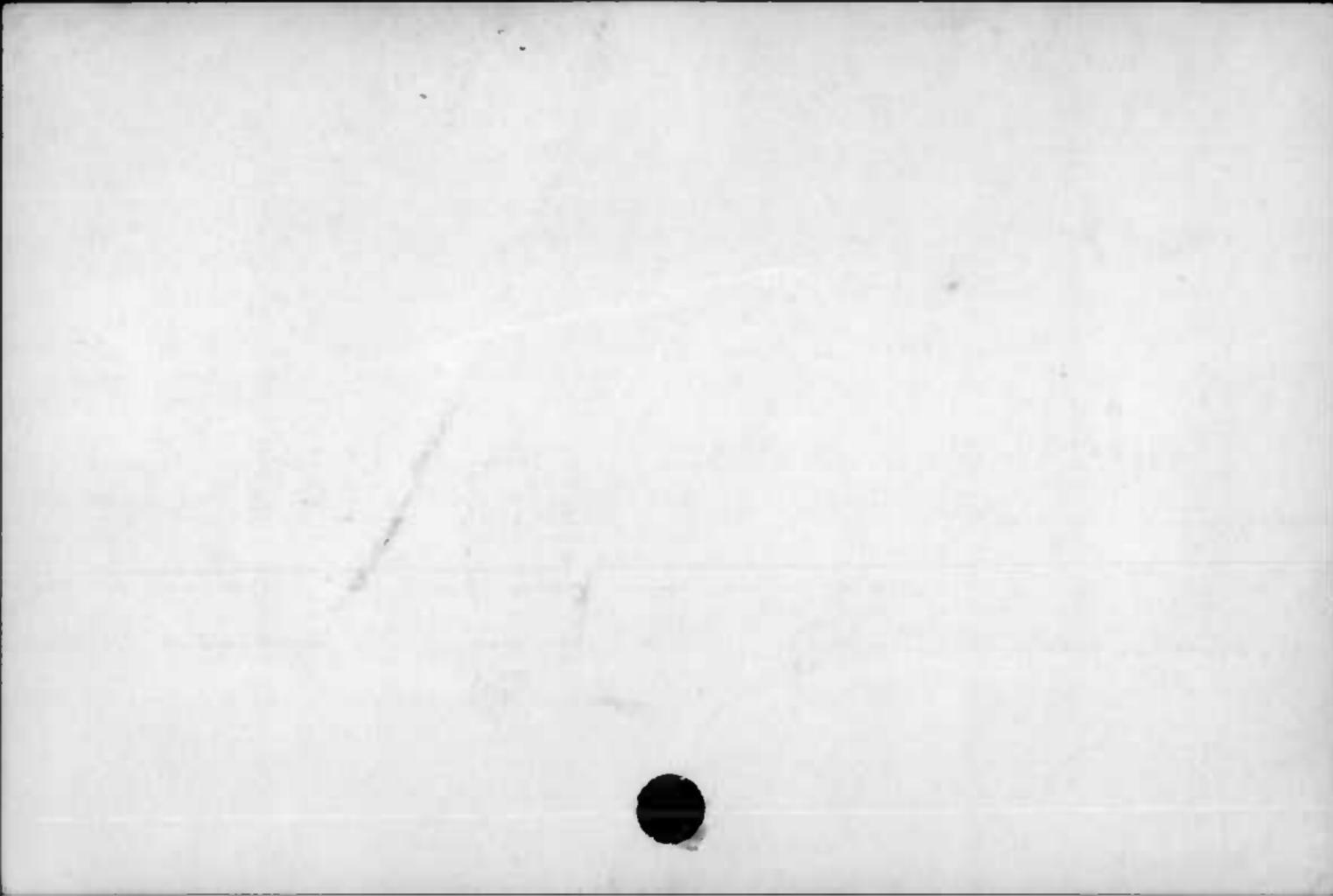
Yes

Signature of Physician

Address

J. S. Dudley MD
Church Stel
Suva, Suva Co, Fiji

Accident or Suicide?



Name
in
Full

Martha A. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|-------------------------|---|----------|------|---------------------------------|
| Died at | Town | County | MARYLAND | | |
| Date of death 190 | Month | Year | Months | Days | |
| Sex | Color or Race | Birth-place | | | |
| Occupation | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | Jackson Jones | | | |
| Father's Name | James Tolson | | | | Father's Birthplace Kent Island |
| Mother's Maiden Name | Amir Gardner | | | | Mother's Birthplace " " |
| Name of person giving information | Jackson Jones | | | | How related to deceased Husband |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic bronchitis

How long

3 years

Immediate

Cardiac asthma

How long

1 night

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | |
|--------------------------------------|-----------------------------|--|--------|------------------------|--------------|
| John H. Lane, Jr. | | Town | County | MARYLAND | |
| Died at | Near Templeville Queen Anne | | | Months | Days |
| Date of death | 1907 | Month | Day | Age | |
| Sex | Male | Color or Race | White | Birth- place | Md |
| Occupation | - | Where Residing if not at place of death | | | - |
| Married, Single or Widowed | - | Name of Wife or Husband | - | Father's Name | John H. Lane |
| Mother's Maiden Name | Celara B. Baeyer | Father's Birthplace | Md | Mother's Birthplace | Delaware |
| Name of person giving Information | Celara B. Lane (9) | How related to deceased | Mother | | |

CAUSES OF DEATH

Primary

Heart disease

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

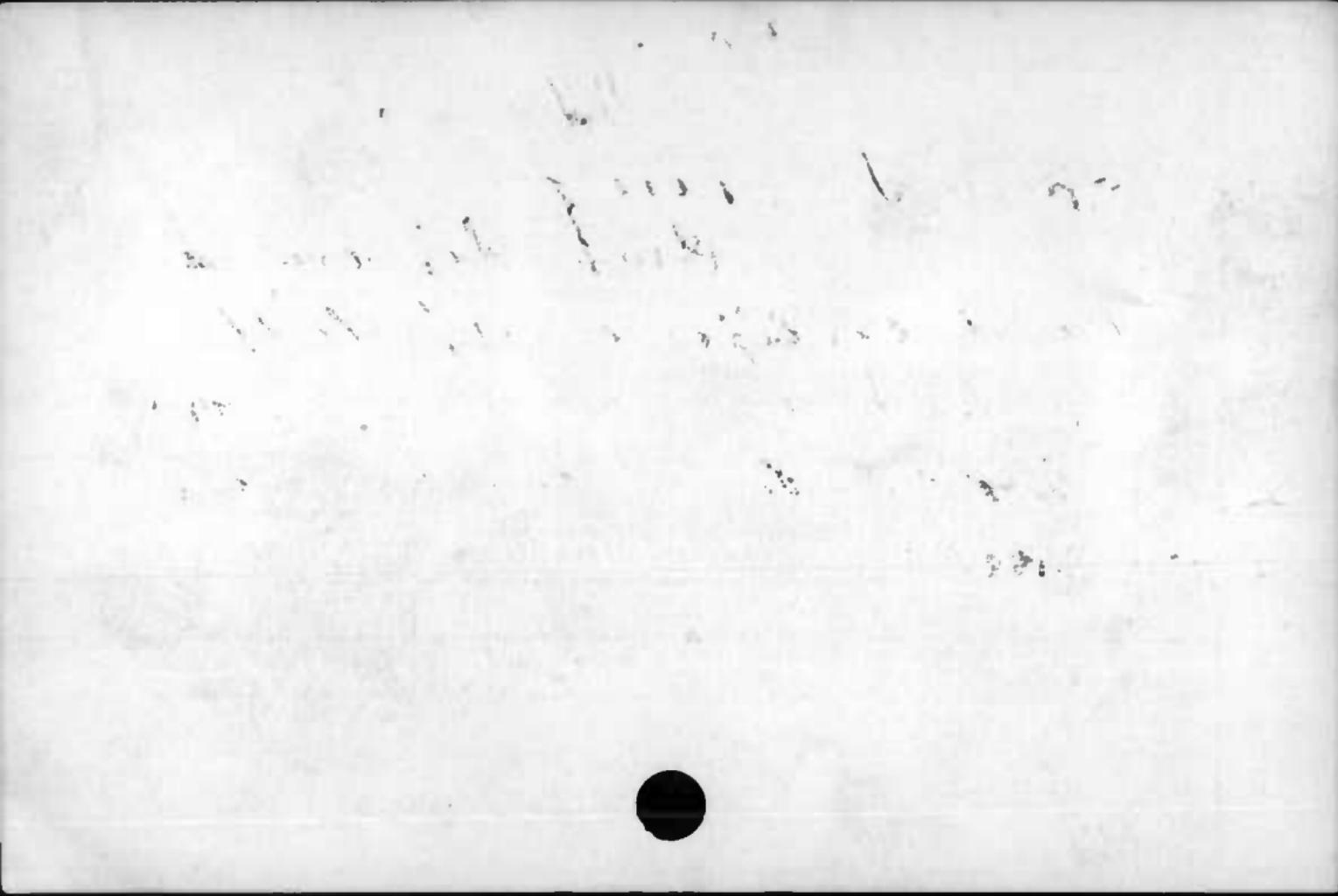
Signature of
Physician

Address

J. Smith

Templeville Md -
St. Faulkner Act CorPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

William Wrightson Neumann

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | | | |
|--|---|----------------------------|----------|----------|--------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1907 | Month Jan | Day 51 | Years 22 | Months 7 | Days 1 |
| Sex Male | Color or Race negro | Birth-place Centreville Md | | | |
| Occupation Laborer | Where Residing if not at place of death | | | | |
| Married, Single or Widowed Single | Name of Wife or Husband | | | | |
| Father's Name Clarence Henry Neumann | Father's Birthplace Centreville Md. | | | | |
| Mother's Maiden Name Ethriely Bryan | Mother's Birthplace Queen Anne Co | | | | |
| Name of person giving information Father | How related to deceased | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lethamis

How long

14 days.

Immediate

Exhaustion

How long

2 ..

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

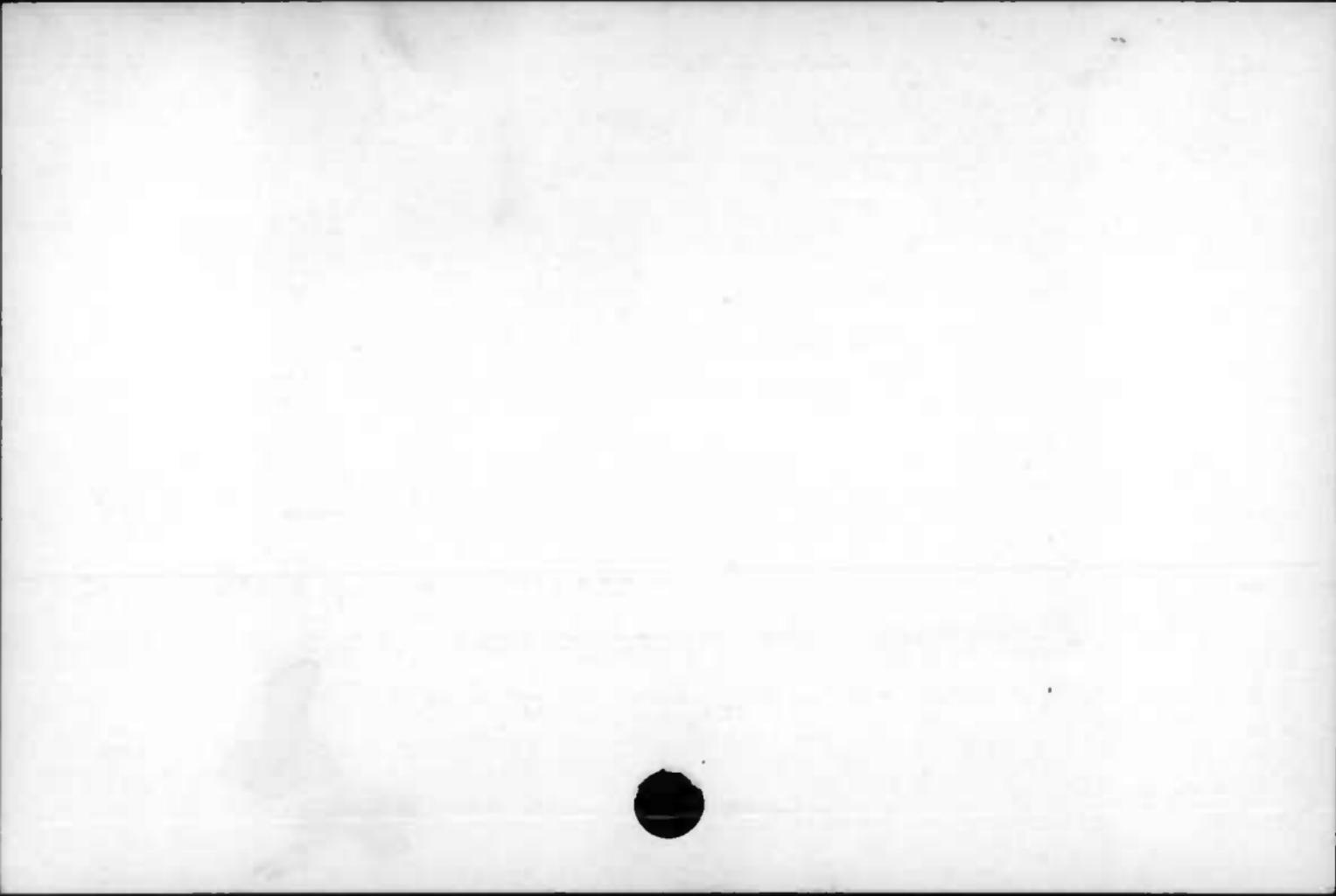
E. F. Smith

Address

Centreville

Md.

Accident or Suicide?



Name
in
Full

George Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|--------------|---------------|---|-------------|------|
| Died at | Town | County | | | |
| Flords Store Queen Anne | | MARYLAND | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1907 | Jan | 13 | Age 15 | 7 | |
| Sex | Male | Color or Race | white | Birth-place | |
| Occupation | Coseman | | Where Residing if not at place of death | Wilmington | |
| Married, Single or Widowed | W. | | Name of Wife or Husband | | |
| Father's Name | James Parks | | Father's Birthplace | Md | |
| Mother's Maiden Name | May E Cooper | | Mother's Birthplace | as | |
| Name of person giving information | James Parks | | How related to deceased | Father | |

CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

9 days

Immediate

Asthma

How long

two hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

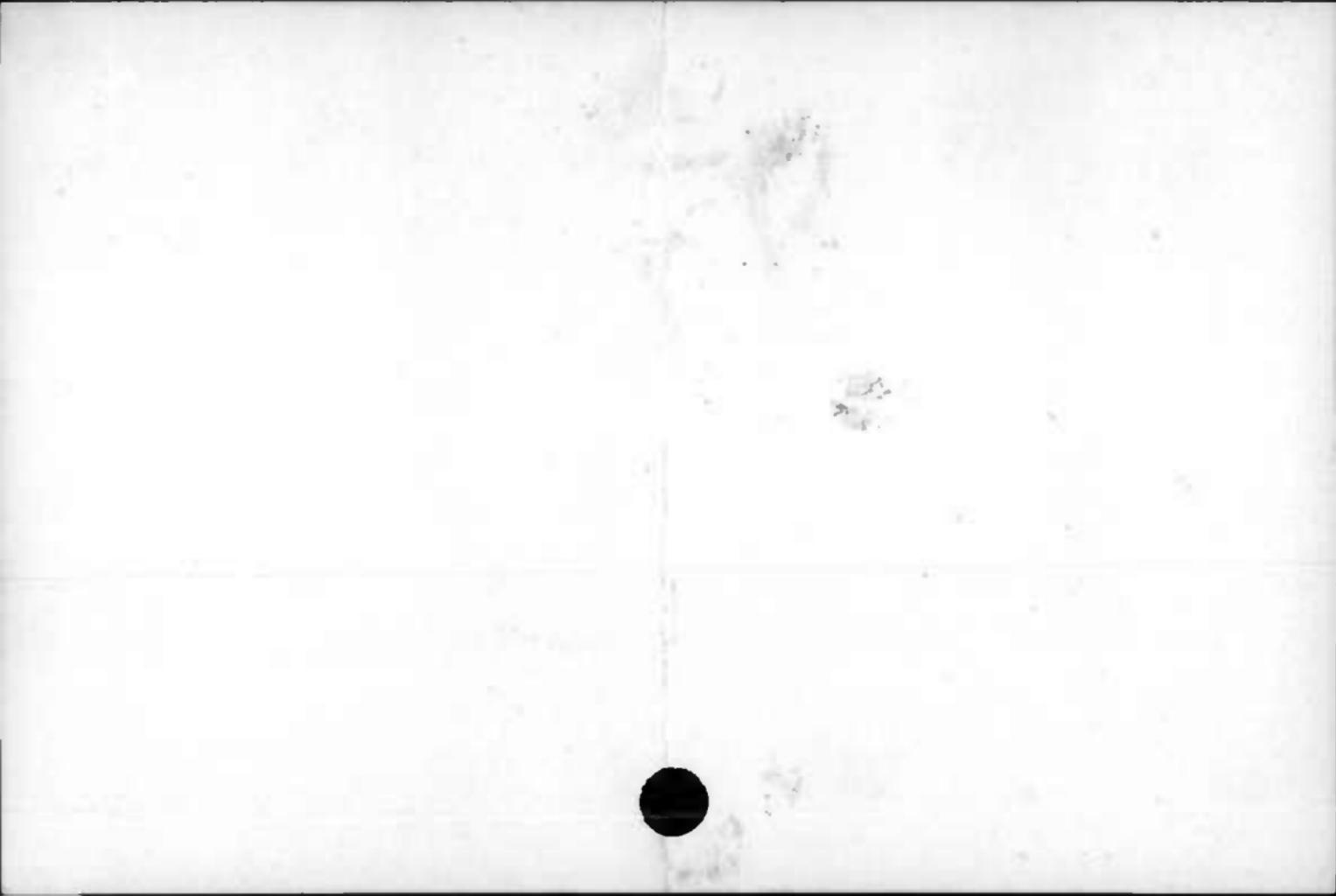
Signature of Physician

Address

West, Harry
84 Stevensville
Md

Accident or Suicide?

710



Name
in
Full

Lancy Parks

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---|--------|----------|--------|------|-------------------------|-------------|
| Died at | Town | County | MARYLAND | | | | |
| Date of death | Month | Day | Years | Months | Days | | |
| Sex | Color or Race | Age | 9 | 10 | 10 | | |
| Occupation | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | | |
| Father's Name | Thomas E Parks | | | | | Father's Birthplace | Summerside. |
| Mother's Maiden Name | Late Thomas | | | | | Mother's Birthplace | 24 Co Ma |
| Name of person giving information | Chas O'Conney | | | | | How related to deceased | son |

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Peritonitis

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

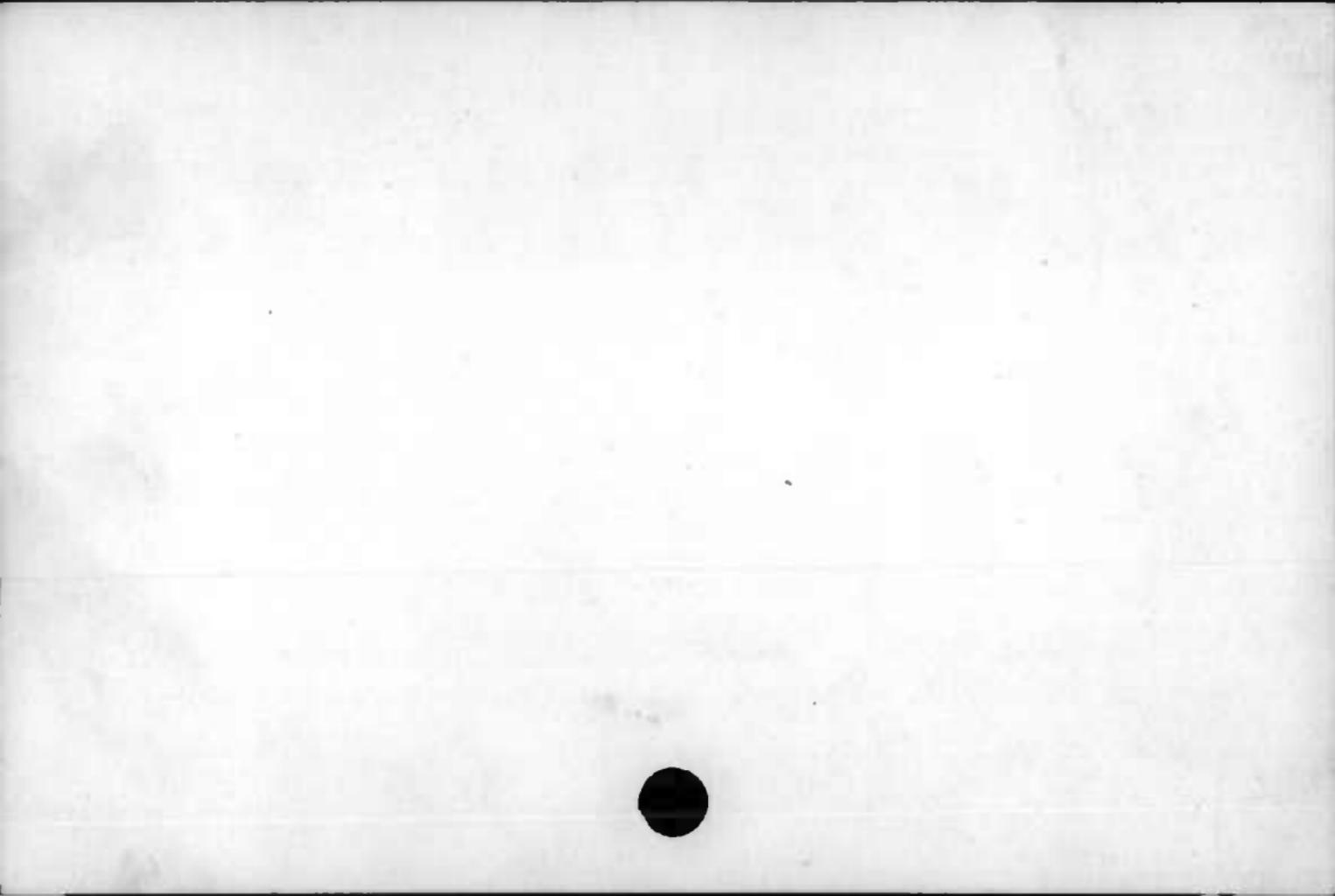
Signature of Physician

Address

How long deceased
3 days
immediate

West, Greey
Stevensville Md

Accident or Suicide?



Name
in
Full

Charles Roberts

CERTIFICATE OF DEATH

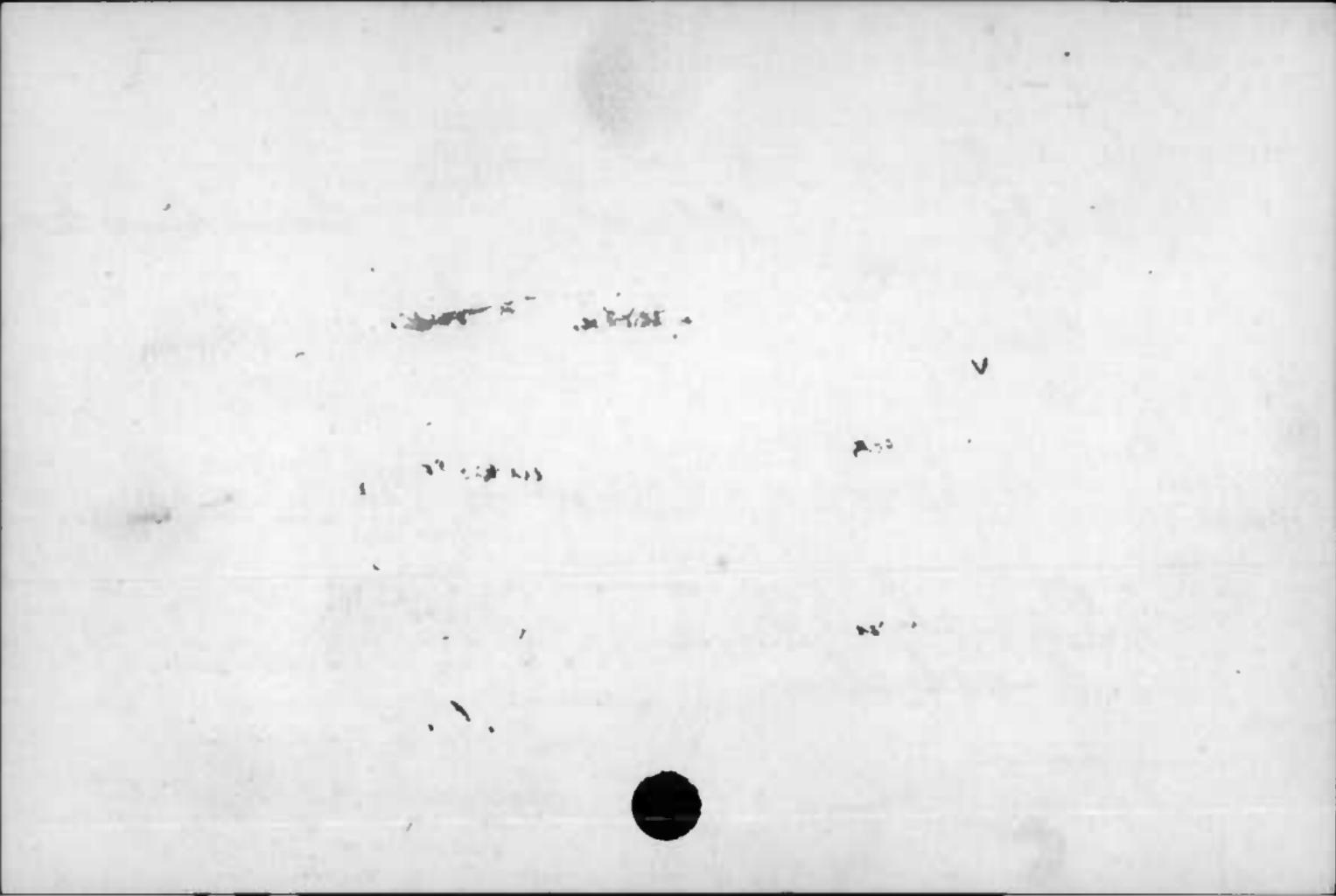
To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------------------------|---|---------------|-------------------------|------------|
| Died at | Town | County | MARYLAND | | |
| Died at | drowned in Corus Creek | St. Marys | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1907 | Jany | 20 | 40 | — | — |
| Sex | Male | Color or Race | Negro | Birth-place 2 A County | |
| Occupation | Sailor & Laborer | Where Residing if not at place of death | Corrissa Neck | | |
| Married, Single or Widowed | yes | Name of Wife or Husband | don't know | | |
| Father's Name | don't know | | | Father's Birthplace | Don't know |
| Mother's Maiden Name | Don't know | | | Mother's Birthplace | Don't know |
| Name of person giving Information | L A Holton | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------------------|------------|----------|
| Primary | Drowned accidentally | (initials) | How long |
| Immediate | you | | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician L A Holton | | |
| Accident or Suicide | Address Centreville 2 A Co Md | | |



Name
in
Full

Perry Saunders

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|---|----------------|----------|-------------|
| Died at | Town | County | MARYLAND | |
| Date of death | Month | Day | Years | Months Days |
| Sex | Color or Race | Age | | |
| Occupation | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | Emily Saunders | | |
| Father's Name | Father's Birthplace | | | |
| Mother's Maiden Name | Mother's Birthplace | | | |
| Name of person giving Information | How related to deceased | | | |

Willis Schappel Queen Anne's County
1907 January 2nd 74 Months Days
Male Black Birth-place Queen Anne's Co.
Laborer
Married unknown Son
my known
James Saunders

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis
Prostration

How long

5 years

Immediate

How long

10 hours

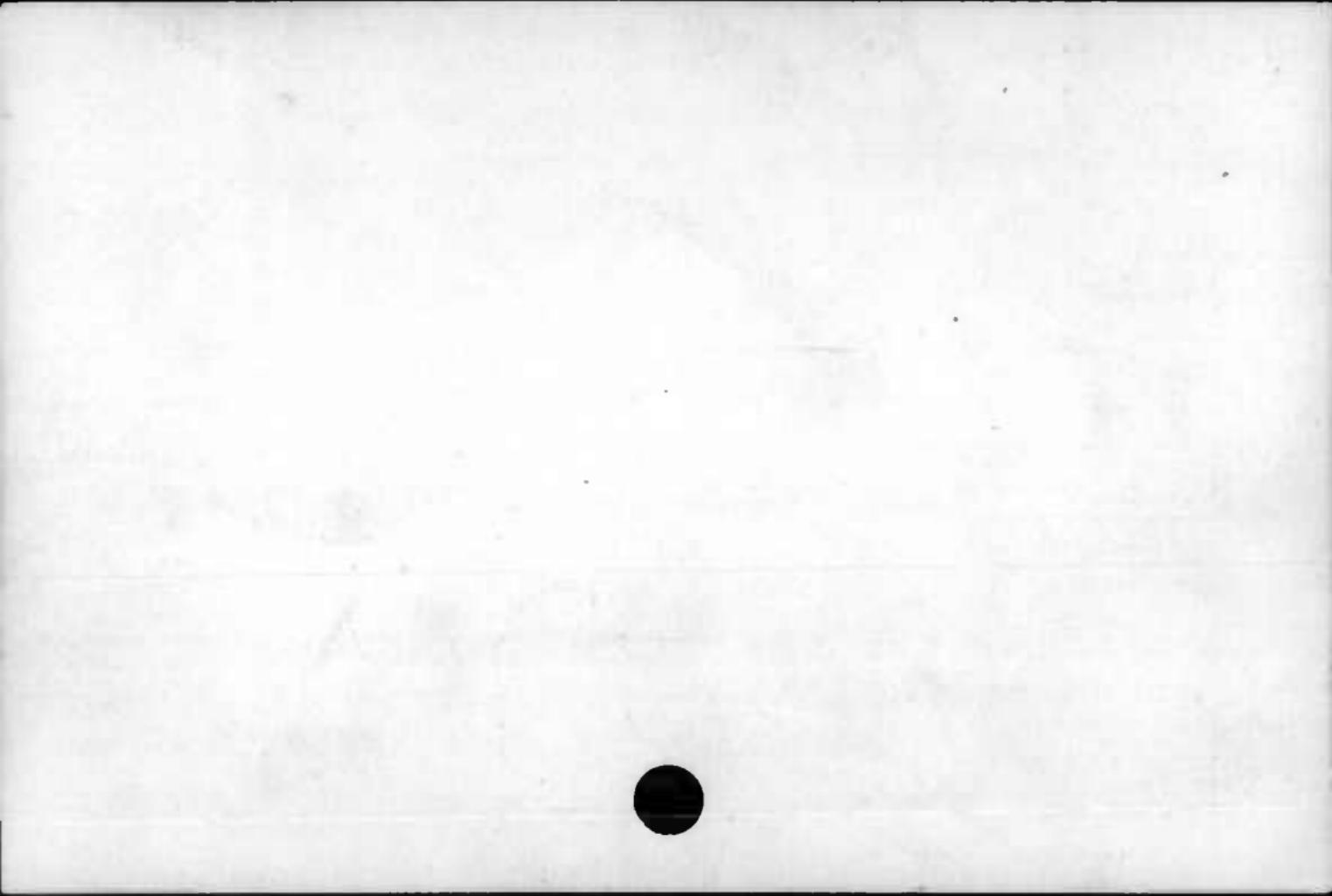
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. C. Dudley M.D.
Queen Anne's County
Maryland

They are



Name
in
Full

No Name - Smallwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|---|-------|--------|------|
| Town | County | | | | |
| Died at Near Centreville | Queen Anne's | | | | |
| Date of death 1907 | Month 10 | Day 10 | Years | Months | Days |
| Sex Boy | Color or Race Colored | Birth-place Near Centreville | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Jesse Smallwood | Father's Birthplace Queen Anne's County | | | |
| Mother's Maiden Name | Emma Jane Carter | Mother's Birthplace Not known | | | |
| Name of person giving Information | Jesse Smallwood | How related to deceased Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

not known

How long

Immediate

Bad cold

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

2 days

Signature of Physician

Address

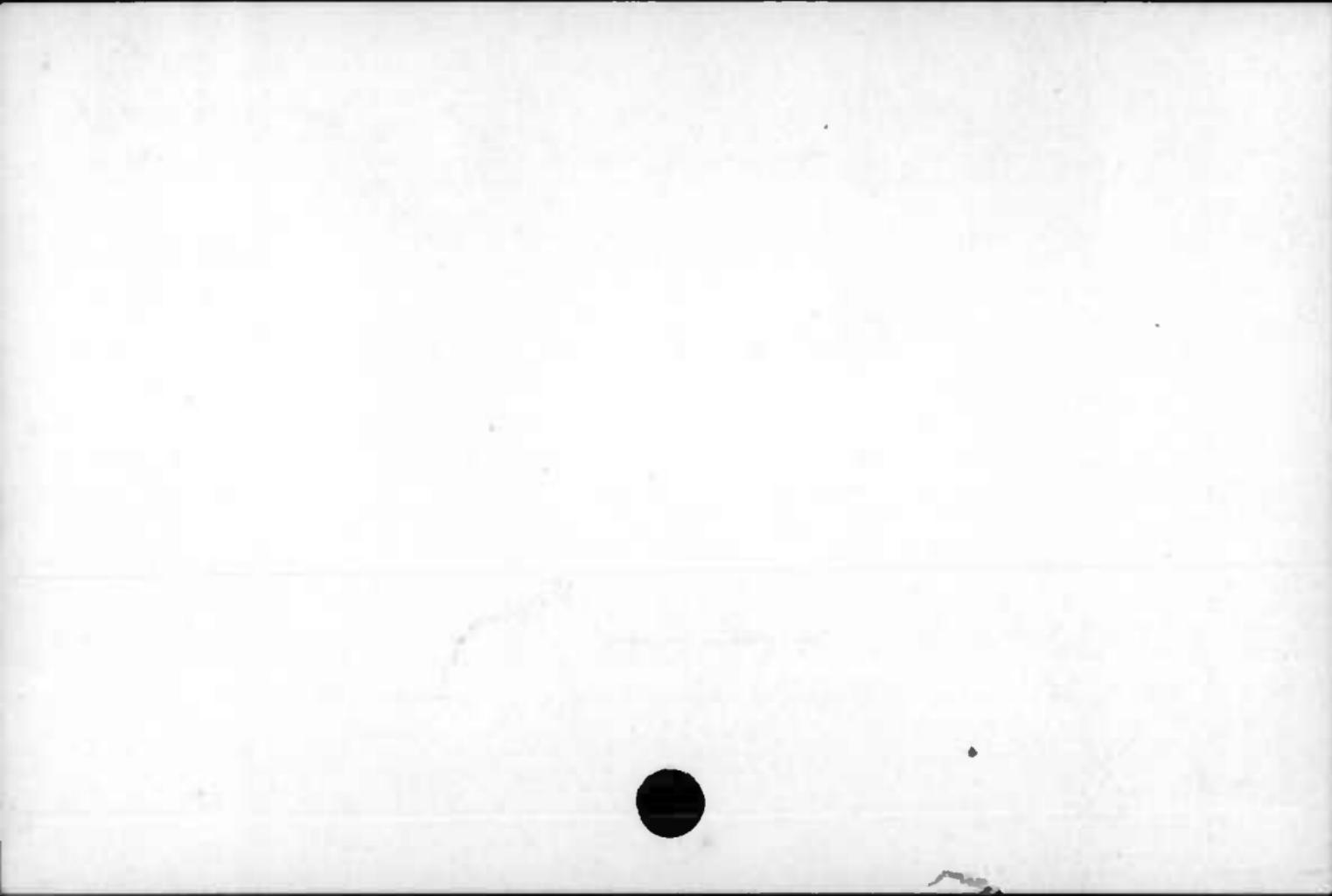
90

J.M. Woodford

but Registrar

Accident or Suicide?

No



Name
in
Full

Eugenia J. Spocco

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|-----------------------------------|--------------|------|--|
| Died at | Town Church Hill | County Baltimore | MARYLAND | | |
| Date of death 1907 | Day July 26 | Years Age 69 | Months 10 | Days | |
| Sex Male | Color or Race White | Birthplace Baltimore, Maryland | | | |
| Occupation Retired | Where Residing if not at place of death | | | | |
| Married, Single or Widowed Married | Name of Wife or Husband Eunice J. Spocco | | | | |
| Father's Name John J. Spocco | Father's Birthplace Baltimore | | | | |
| Mother's Maiden Name Dorothy Knott | Mother's Birthplace Baltimore | | | | |
| Name of person giving Information Dr. J. S. Dudley | How related to deceased None | | | | |

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long
6 months

Immediate

Exhaustion

How long
2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

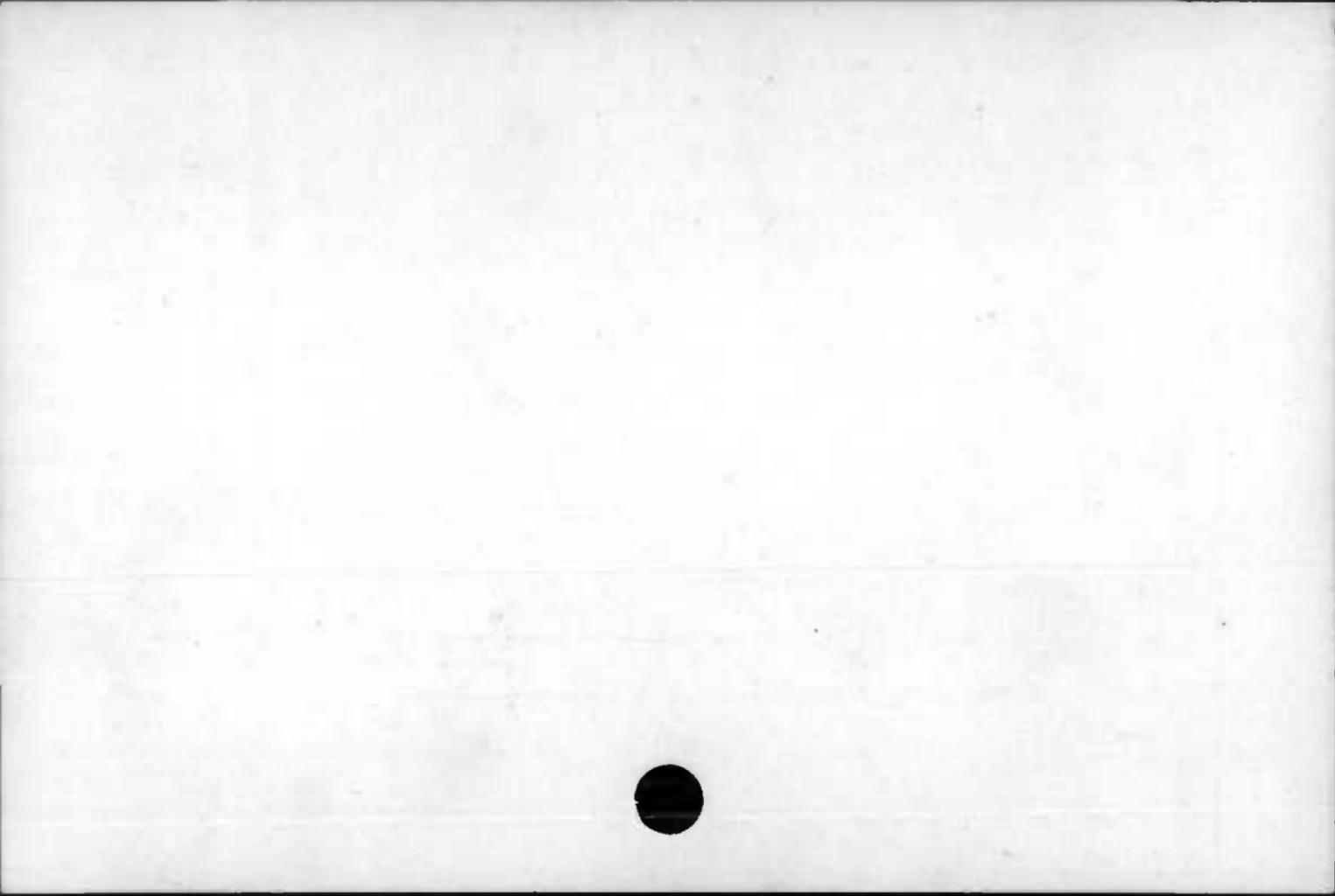
Yes

Signature of
Physician

Address

Accident or Suicide?

Dr. J. S. Dudley
Church Hill
Maryland



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|--------------------------------------|-------------------|--|--------------|-----------------|----------------------------|------------------------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1907 | Month | Day | Years | Months | Days |
| Sex | Female | Color or Race | white | Birth- place | T.A. Co Md | |
| Occupation | Lady | Where Residing if not at place of death | | | At place of death | |
| Married, Single or Widowed | Widow | Name of Wife or Husband | Dorrell Gray | | | Father's Birthplace |
| Father's Name | John Gray | Son | | | T.A. Co Md | |
| Mother's Maiden Name | Bethel Jones Gray | Daughter | | | T.A. Co Md | |
| Name of person giving Information | John M. Wright | | | | How related to deceased | |

CAUSES OF DEATH

Primary

Ruptured blood vessel (5)

How long

How long

Immediate

Hemorrhage

10 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. G. Leppage

I have seen this
woman until after her death.

Church Hill
3rd

Accident or Suicide?



Name
in
Full

Dorrey Sudler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--------------------------------------|------------------|------------------|----------------------------|-------------|-----------------|--|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1907 | Month 1 | Day 7 | Years 14 | Months | Days |
| Sex | Male | Color or Race | Black | | Birth- place | Ad. |
| Occupation | Laborer | | | | | Where Residing if not at place of death |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | |
| Father's Name | Dorrey Sudler | | Father's Birthplace | | | Ad. |
| Mother's Maiden Name | Lewecacia Lubbo | | Mother's Birthplace | | | Ad. |
| Name of person giving Information | Lewecacia Sudler | | How related to deceased | | | Mother |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

(D)

How long

2 or 3 days

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

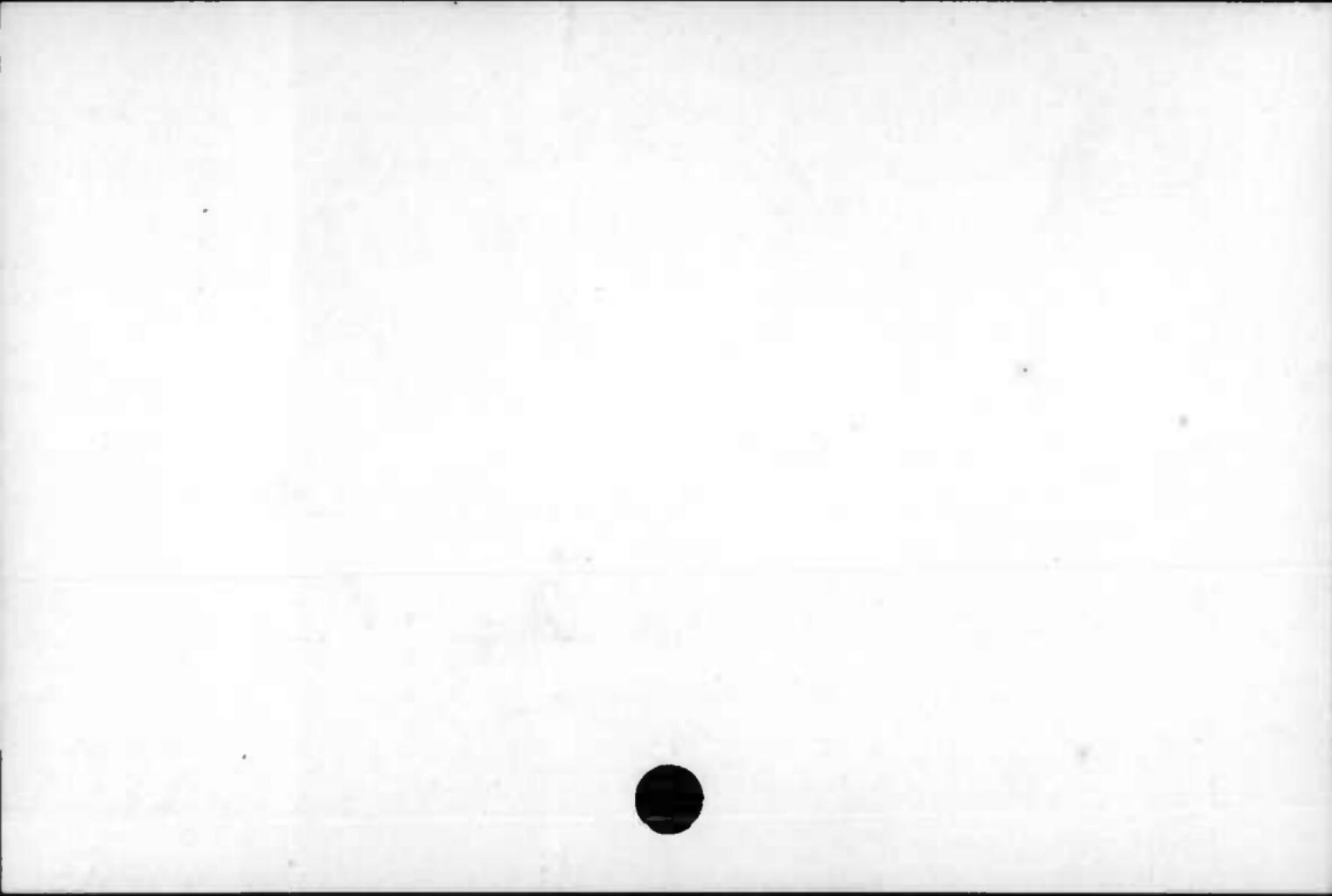
Signature of
Physician

Address

Gaskellraham M.D.
Engleside.

Ad.

Accident or Suicide?



Name
in
Full

Chas Carroll Gilghman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|---|----------------------------|--------|----------------|-----------|------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1907 | Month 1 | Day 14 | Years 42 | Months 10 | Days |
| Sex male | Color or Race white | Birth-place Queen Anne Leo | | | | |
| Occupation Traveling Salesman | Where Residing if not at place of death | | | Place of death | | |
| Married, Single or Widowed married | Name of Wife or Husband Helen Galdeborough Gilghman | | | | | |
| Father's Name Chas H. Gilghman | Father's Birthplace Queen Anne Leo | | | | | |
| Mother's Maiden Name Nannie Murry Barnuchel | Mother's Birthplace Queen Anne Leo | | | | | |
| Name of person giving information Nannie Murry Barnuchel Gilghman | How related to deceased Son | | | | | |

CAUSES OF DEATH

| | | | |
|-----------|--------------------|----------|---------|
| Primary | Typhoid Fever | How long | 3 weeks |
| Immediate | Typhosic enteritis | How long | 2 days |

PHYSICIAN
OR CORONER

Are the name, age, sex, color/date and place correctly given above?

yes

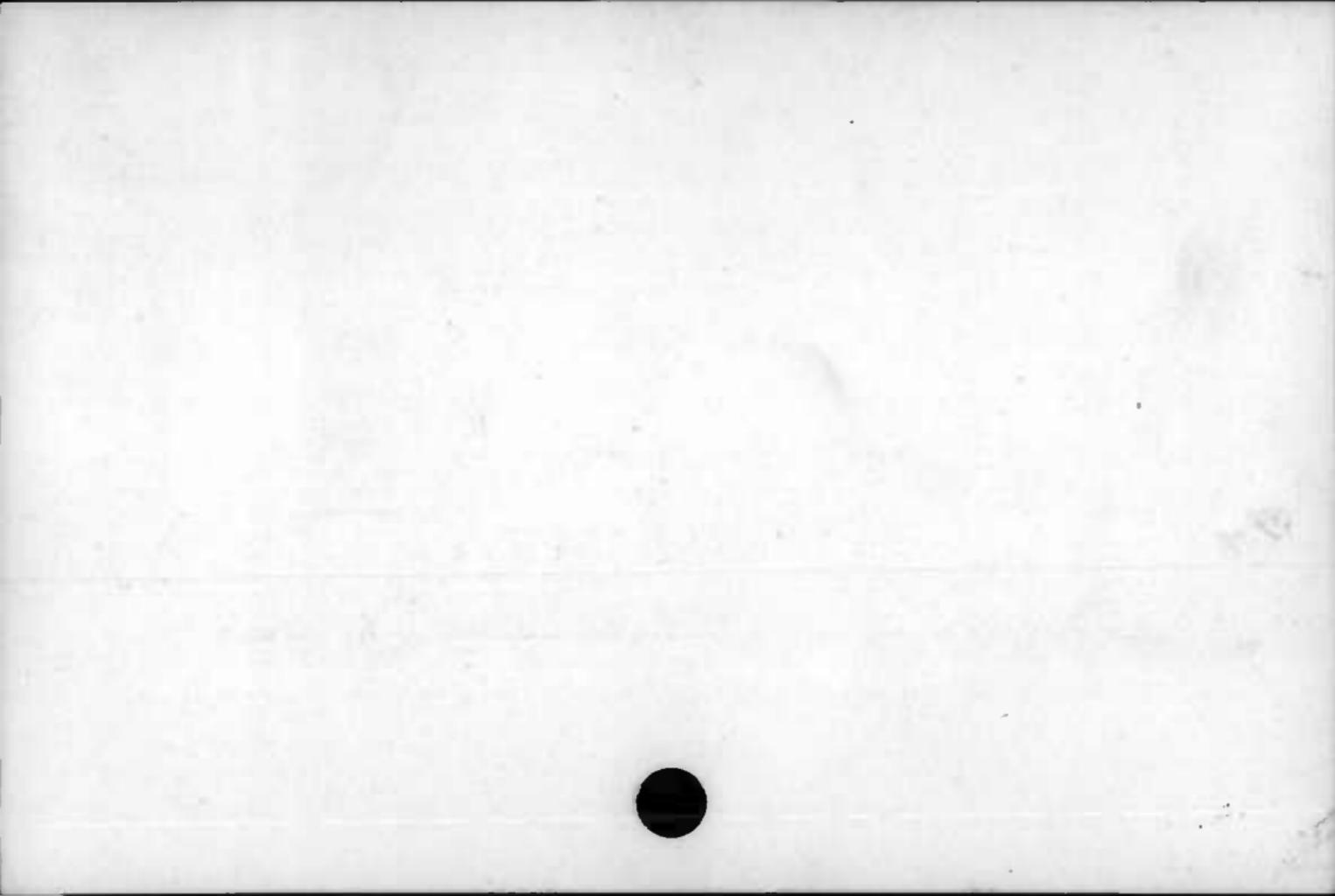
Signature of Physician

Address

Dagondale MD
Centerville
Queen Anne Leo

Accident or Suicide?

no



Name
in
Full

Mabel E Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------------|-------------------------|-----------------|--------|------|
| Town | Died at <u>near Steevesville</u> | | County | S. Q. | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Female | Color or Race | Age | 25 | 4 26 |
| Occupation | Housewife | | | | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | James Turner Jr | | |
| Father's Name | Perry Stansbury | | | | |
| Mother's Maiden Name | Julia Ford | | | | |
| Name of person giving information | Jas Turner Jr | | | | |
| How related to deceased | Husband | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

How long

Immediate

General Pneumonia

1 year
1 month

Are the name, age, sex, color, date and place correctly given above?

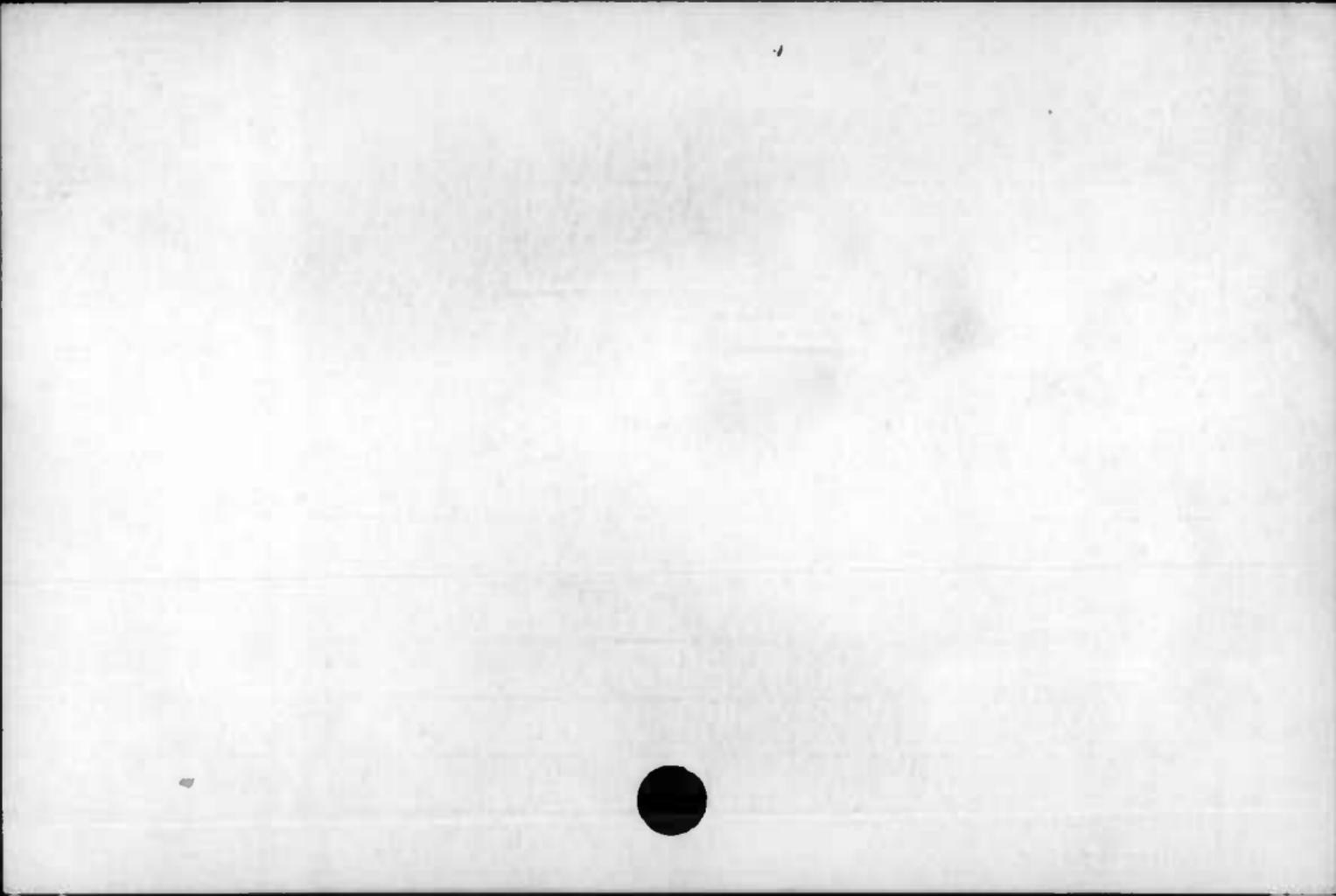
Signature of Physician

Address

Dr Chas Emyer

Sterkhardt M.D.

Accident or Suicide?



Name
In
Full

Josephine Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|------------------|--|----------------------------|-----------------|----------|-------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1907 | Month | 4 | Age | 61 | Years | |
| Sex | Female | Color or Race | White | Birth- place | Md | | |
| Occupation | Lady | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | John C. Wallace | | | | |
| Father's Name | Robert Barker | Father's Birthplace | | | | | |
| Mother's Maiden Name | Elizabeth Sparks | Mother's Birthplace | | | | | |
| Name of person giving Information | Hannie V. Ross | 9 | How related to deceased | | | | |

CAUSES OF DEATH

Primary

Hypertrophy of heart

How long

Two months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

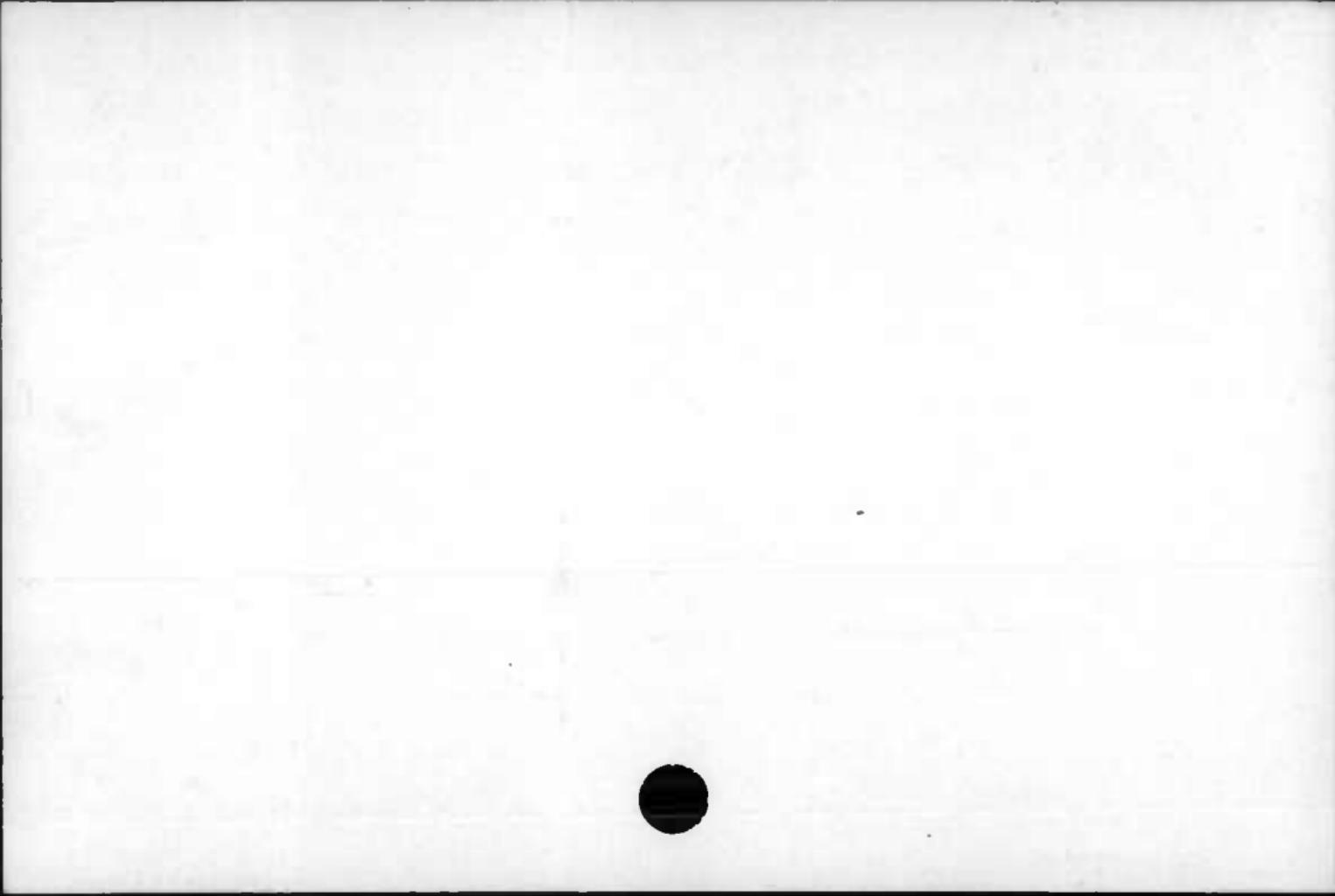
Signature of
Physician

Address

Lawrence M. D.
Inglewood Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Gillion Kusley & all

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

| | |
|---|--|
| Town | County |
| Died at | Green Anne |
| Date of death 190 | Month Jan Day 26 Age 62 Years 11 Months 11 Days 30 |
| Sex Male | Color or Race White |
| Occupation Farmer | Where Residing if not at place of death At place of death |
| Married, S or W | Name of Wife or Husband |
| Father's Name John Kusley & alls | Father's Birthplace A.C. C. H. |
| Mother's Maiden Name Kusley Devitt | Mother's Birthplace A.C. C. H. |
| Name of person giving Information Charles Lubin & alls | How related to deceased Son |

CAUSES OF DEATH

Primary

Paralysis

Immediate

Paralysis

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

How long

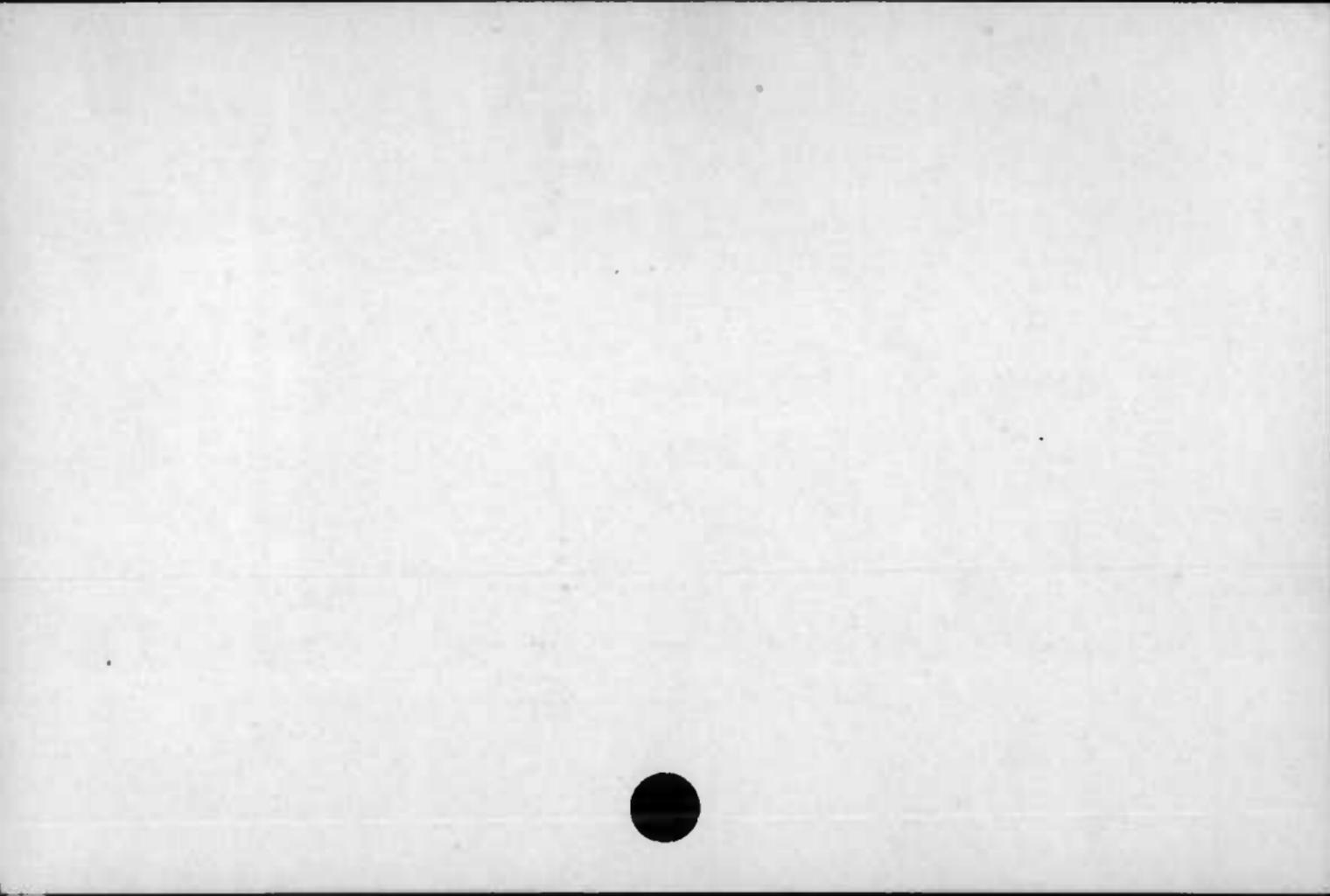
5 days

How long

5 days

G. G. Kapopson
Chesapeake
Chesapeake
Md

Accident or suicide?



Name
in
Full

Delia B. Washington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|----------------|-------------------------|---|----------|------|--|
| Died at | | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days | |
| Sex | Female | Color or Race | Age | | | |
| Occupation | School Teacher | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widow | Name of Wife or Husband | John Washington | | | |
| Father's Name | Charles Savage | | Father's Birthplace | Md | | |
| Mother's Maiden Name | Mary Scott | | Mother's Birthplace | Md | | |
| Name of person giving information | Mary E. Hooper | | How related to deceased | niece | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sept 10
Drowned

How long

ten days

Immediate

0 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Drs. Troy
Centreville
Md

Accident or Suicide?

Centreville

Name
in
Full

Margaret A. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------|------------------|----------------------------|-----------------|-------|--------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1907 | Month | Day | Age | Years | Months |
| Sex | Color or Race | Occupation | Days | | |
| Married, Single or Widowed | Housewife | | | | |
| Name of Wife or Husband | Thomas H. Wright | | | | |
| Father's Name | Elisha Jones | Father's Birthplace | York C. Pa | | |
| Mother's Maiden Name | Margaret Blaney | Mother's Birthplace | Hartford C. Old | | |
| Name of person giving Information | Thomas H. Wright | How related to deceased | Husband | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer

How long

1 yr

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Percy Knut
Stevensville, Md.

Accident or Suicide?

